

Des Moines

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm # _____	Logged In _____
Scanned _____	Computer _____
Audited _____	
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 th Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

COMMITTEE NAME (Must be same as on Statement of Organization)
Citizen's for Heland

IMPORTANT: Indicate by # type of committee you are reporting for: 5
 (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County Board of Supervisors/School Board or Other Political Subdivision PAC (9) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name: Jeff M. Heland
 Office Sought: Des Moines County Supervisor

Political Party (if applicable): Democrat
 District (if Senate or House):

IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD
JUL 17 2006
FILED

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports

Jeff M. Heland
 SIGNATURE OF PERSON FILING REPORT

319.752.6050 TELEPHONE

7/17/06 DATE SIGNED

I AM FILING A 1/1/06 - 5/4/06 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.
 (report date) Indicate by # 1

CHECK IF AMENDMENT TO REPORT DATED 5/19/2006

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3 (You must continue to file reports until a DR-3 is filed)

Local Committees, enter Date of Election
November 7, 2006

County & Local Committees, enter County in which Election is held
Des Moines County

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	0.00
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)	1,384.00
Schedule F: Loans Received total (Attach Schedule F)	0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0.00
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL	1,384.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	308.79
Schedule F: Loan Repayments total (Attach Schedule F)	0.00
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	1,075.21
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ 734.90
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ 0.00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ 0.00
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO
CANDIDATE COMMITTEES ONLY:	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ _____
STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.	

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev 07/03)	MONETARY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Jeff M. Heland

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
4/30/06	ID# CK#	Max/Sharon Lawson 1801 Grube Street Burlington, IA 52601		\$25.00	<input checked="" type="checkbox"/>
4/30/06	ID# CK#	Tom/Donna Heland 1821 Division Street Burlington, IA 52601	Brother/Sister-in	\$25.00	<input checked="" type="checkbox"/>
4/30/06	ID# CK#	Pat/Andy Anderson 119 South Adams Street Burlington, IA 52601		\$35.00	<input checked="" type="checkbox"/>
4/30/06	ID# CK#	Eric Hanks D.C. 2501 River Street Burlington, IA 52601		\$30.00	<input checked="" type="checkbox"/>
4/30/06	ID# CK#	Bruce Workman 529 N. Gertrude Street Burlington, IA 52601		\$30.00	<input checked="" type="checkbox"/>
4/30/06	ID# CK#	Bob/Paula Logan 5852 Summer Street Burlington, IA 52601	Sister&Brother-	\$30.00	<input checked="" type="checkbox"/>
4/30/06	ID# CK#	Sid Carter D.C. 2705 Regina Burlington, IA 52601		\$50.00	<input checked="" type="checkbox"/>
4/30/06	ID# CK#	Martha J. Pratt 2106 Miller Street Burlington, IA 52601	Mother-in-law	\$100.00	<input checked="" type="checkbox"/>
4/30/06	ID# CK#	Glenn/Louis Hultquist 1707 S 12th Street Burlington, IA 52601		\$50.00	<input checked="" type="checkbox"/>
5/9/06	ID# CK#	Moody Nabulski 828 Denmark Hilltop Ft. Madison, IA 52627		\$150.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 525.00

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizen's for Heland

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE) LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B 32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
5/4/06	ID# CK#	Dr. Larry Brunk 3308 Crystal Drive Burlington, IA 52601		\$50.00	<input type="checkbox"/>
4/13/06	ID# CK#	Cindy Heland 200 Emmett Street Burlington, IA 52601	Spouse	\$250.00	<input type="checkbox"/>
5/9/06	ID# CK#	Lonny/Dana Hillyard 803 Main Street Burlington, IA 52601		\$100.00	<input type="checkbox"/>
4/30/06	ID# CK#	Un-itemized Contributions from Fund Raiser		\$314.00	<input checked="" type="checkbox"/>
5/11/06	ID# CK#	Un-itemized Contributions		\$60.00	<input type="checkbox"/>
4/30/06	ID# CK#	Clarence/Linda Mitchell 313 Cottage Grove West Burlington, IA 52655		\$80.00	<input type="checkbox"/>
	ID# CK#	Miscellaneous Bank Credit (Deposit Error)		\$5.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL \$ 859.00

TOTAL (if last page of this schedule) \$ 1384.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4/28/06	ID# CK#	Burlington Hawkeye 800 S. Main Street Burlington, IA 52601	Advertisement/Print	\$ 57.79
4/30/06	ID# CK#	Big Shot's Grill 3rd/Jefferson Street Burlington, IA 52601	Fund-raiser Meal	200.00
5/1/06	ID# CK#	KCPS Radio Jefferson Street Burlington, IA 52601	Radio Ad's for Fund-raiser	51.00
	ID# CK#			
SUB-TOTAL				\$ 308.79
TOTAL (if last page of this schedule)				\$ 308.79

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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SCHEDULE D (Rev 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Citizen's for Heland

NOTE: Debts previously reported that remain unpaid must be included on this Schedule as well as any new obligations incurred in this period.



**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
5/17/2006	Mediapolis News 616 Main Street Mediapolis, IA 52637	Print Ads	\$ 106.40
5/19/2006	Craftsman Press 203 North 3rd Street Burlington, IA 52601	Yard Signs	472.50
5/18/2006	Des Moines County News 204 Broadway Street West Burlington, IA 52655	Print Ads	156.00
SUB-TOTAL			\$ 734.90
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 734.90

*If actual figure is unknown, show "estimated" beside the figure.

CANDIDATE COMMITTEES NOTE:
*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.